STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555658	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Walk Care Center	1100 West Morton Avenue Porterville, CA 93257

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. Based interview and record review, the facility failed to follow its own policy and procedure (P&P) for one of three sampled (Resident 1) when written request for Resident 1's clinical records was not provided in a timely manner. This failure resulted in violation of Resident 1's rights and not providing Resident 1's clinical records approximately 29 days after the request date.Findings:During a concurrent interview and record review on 4/2/26 at 12:57 p.m. with Assistant Director of Nurses (ADON) and Medical Records Director (MRD), MRD stated on 2/26/26 a written request for Resident 1's clinical record was received. MRD stated Resident 1's clinical record was not released until 3/27/26 (approximately 29 days after the request date). ADON and MRD reviewed the facility's P&P titled, Release of Medical Records. ADON and MRD confirmed the facility P&P was not followed when written request for Resident 1's clinical record was not released within 2 working days.During a review of facility's P&P titled, Release of Medical Records, dated 2025, the P&P indicated, Access Rights to Medical Information are as Follows: 1.The resident or his/her legal representative may receive a copy of his/her record within 2 working days after the request has been made.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE